

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND  |                                   |   |              |          |   |   |    |   |   |   |   |  |  |  |
|--|-----------------------------------|---|--------------|----------|---|---|----|---|---|---|---|--|--|--|
| 1 Date of Request: <u>4-25-05</u>  |                                   | 2 Serial/Patent # <u>10/532803</u>  |              |          |   |   |    |   |   |   |   |  |  |  |
| 3 Please refund the following fee(s):  |                                   | 4 PAPER NUMBER  | 5 DATE FILED | 6 AMOUNT |   |   |    |   |   |   |   |  |  |  |
|  | Filing                            |   |              | \$       |   |   |    |   |   |   |   |  |  |  |
|  | Amendment                         |   |              | \$       |   |   |    |   |   |   |   |  |  |  |
|  | Extension of Time                 |   |              | \$       |   |   |    |   |   |   |   |  |  |  |
|  | Notice of Appeal/Appeal           |   |              | \$       |   |   |    |   |   |   |   |  |  |  |
|  | Petition                          |   |              | \$       |   |   |    |   |   |   |   |  |  |  |
|  | Issue                             |   |              | \$       |   |   |    |   |   |   |   |  |  |  |
|  | Cert of Correction/Terminal Disc. |   |              | \$       |   |   |    |   |   |   |   |  |  |  |
|  | Maintenance                       |   |              | \$       |   |   |    |   |   |   |   |  |  |  |
|  | Assignment                        |   |              | \$       |   |   |    |   |   |   |   |  |  |  |
|  | Other                             |   |              | \$       |   |   |    |   |   |   |   |  |  |  |
|  |                                   | 7 TOTAL AMOUNT OF REFUND  |              | \$100.00 |   |   |    |   |   |   |   |  |  |  |
|  |                                   | 8 TO BE REFUNDED BY:  |              |          |   |   |    |   |   |   |   |  |  |  |
| 10 REASON:   |                                   | Treasury Check  |              |          |   |   |    |   |   |   |   |  |  |  |
| <input checked="" type="checkbox"/> Overpayment  |                                   | Credit Deposit A/c #:   |              |          |   |   |    |   |   |   |   |  |  |  |
| <input type="checkbox"/> Duplicate Payment   |                                   | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">3</td> </tr> </table> |              |          | 1 | 9 | -- | 4 | 2 | 9 | 3 |  |  |  |
| 1  | 9                                 | --  | 4            | 2        | 9 | 3 |    |   |   |   |   |  |  |  |
| <input type="checkbox"/> No Fee Due (Explanation):   |                                   |   |              |          |   |   |    |   |   |   |   |  |  |  |
|  |                                   |   |              |          |   |   |    |   |   |   |   |  |  |  |
|  |                                   |   |              |          |   |   |    |   |   |   |   |  |  |  |
|  |                                   |   |              |          |   |   |    |   |   |   |   |  |  |  |
| 11 REFUND REQUESTED BY:  |                                   |   |              |          |   |   |    |   |   |   |   |  |  |  |
| TYPED/PRINTED NAME: <u>Barbara Campbell</u>  |                                   | TITLE: _____  |              |          |   |   |    |   |   |   |   |  |  |  |
| SIGNATURE: <u>[Signature]</u>  |                                   | PHONE: _____  |              |          |   |   |    |   |   |   |   |  |  |  |
| OFFICE: <u>PCT/DO/EO</u>   |                                   |   |              |          |   |   |    |   |   |   |   |  |  |  |
| <div style="display: flex; justify-content: space-between; font-size: small;"> <span>*****</span> <span>Repln. Ref: 09/16/2005 BCAMPBEL 0020572900</span> <span>*****</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>*****</span> <span>DOI: 194293 Name/Number: 10572002</span> <span>*****</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>*****</span> <span>FC: 9204</span> <span>*****</span> </div> |                                   |   |              |          |   |   |    |   |   |   |   |  |  |  |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:  |                                   |   |              |          |   |   |    |   |   |   |   |  |  |  |
| APPROVED: _____  |                                   | DATE: _____   |              |          |   |   |    |   |   |   |   |  |  |  |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*